			OF	A		-			
				GRET	-1				
	Approved			1 <u>12-12-00</u>	399R000				
REPORTS INVENTORY							CONTROL NO.		
PREPARE IN DUPLICATE I. TITLE OF REPORT (if a fill-in report include Form No.)							DDS/OF-137		
						2. TYPE	X STATE	STICAL	
Custom	er Furnish	ned Equipment				MARRA			
		PERSONNEL				REPORT		NE-NAME LISTING	
3. FUNCTIONAL	AREA X	LOGISTICS		TRAINING		ADMIN.	GENERAL		
		MEDICAL				OTHER (
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, qu		, quarterly, et			N (No of		
2		J		,	DISTRIBUTION (No. of components not number of copies)				
		Approx. Quarterly			- 1	25X1			
computer pr	int-out, etc)	8. ADP PROCESSING 9. DIR				VE AUTHORI	TY REQUIRE	NG REPORT	
	•	11 153	Ref. C of Log Annex						
Revised 1 July 68 page 2 A 44								2 A (4)	
contributing information to report) 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)									
SOD/				ttody or thomath	CIULUI-8.	ATTECH Se	erate shee	t if necessary.)	
50D/									
			12. CO	ST FACTORS					
	HOURLY	A. MANUAI	PREPARA	TION AND RE	TEW CO.	STS			
GRADE	RATE	X HOURS PER	NO PER _ COST PER _ TIMES		FAR				
			1 1 1 1 1 1 1	FIREFA	INED			- Int	
GS-13	φο (0								
GD-13	\$8.60	4	\$ 34.40	0 4		\$ 137.60			
					- 1				
					j				
		B. COSTS (OF COMPUT	ER PRODUCED	DEDODE				
	-		0011(01	ER FRODUCED	REPORT	S			
ļ				1					
		1							
i					- 1				
TOTAL COSTS PER YEAR						d 1	37.60		
COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or as INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT							.37.60		
				TALLING CHICALIED HEA	ve or aut UIREMENT.	nority cit	ed in item	9). IF KNOWN,	
Requi:	${f r}$ ement es	tablished by L	ogistics	Annex	-			25X1	
Administra	tive Plan.	•							